



Our Mission

To create and advance high quality, diverse educational communities that teach children the foundations of life-long learning and social responsibility.

FINANCIAL ASSISTANCE APPLICATION

Wonders Early Learning + Extended Day, Inc. is dedicated to a policy of non-discrimination on any basis including gender, race, religion, national origin, family structure, marital status, sexual orientation, and/or physical or mental handicap.

Our Financial Assistance Program is set-up to provide reduced tuition, either short term or long term, to eligible families in our programs. The Wonders Financial Assistance Program is fundamental to who we are as a child care organization and community. We strive to make our programs accessible to as many families as possible. Financial assistance is a reduction in monthly tuition based on qualified family income and expenses. The amount of tuition reduction is subject to review and modification by Wonders should there be a substantial change in the financial circumstances of a Financial Assistance recipient during the school year.

DIRECTIONS

First time applicants must submit:

- Registration fee and application fee equal to 50% of the standard enrollment fees for the program for which you are applying.
- A deposit of 50% of the standard deposit for the program for which you are applying.
- If you receive a reduction in tuition, you may be required to increase your deposit to equal one month's adjusted tuition.

Re-applying applicants must submit:

- A registration fee equal to 50% of the standard registration fee.

- 1) **Complete all sections on pages 2, 3 and 4 of this application.**
- 2) **Be sure to sign the application on page 5.**
- 3) **Include photocopies of all supporting documentation listed on page 5.**
- 4) **Return the application with all supporting documentation to:**
Wonders Financial Assistance Program Coordinator
5272 River Road, Suite 530
Bethesda, MD 20816
- 5) **Call 301-654-5339 x 7004 for more information and/or help with this form.**

This application will be confidentially reviewed by the Financial Assistance Committee. The Committee Coordinator will contact you once a decision has been made. If tuition assistance is offered, you must sign the Financial Assistance Agreement. This agreement is an addendum to the Wonders Enrollment Agreement. Financial Assistance applicants are responsible for all tuition and fees while the application is being processed and until the Financial Assistance Agreement is signed and returned to Wonders. Financial Assistance is granted for the current program year only. Families must re-apply annually.

Family Name: _____ **School Year for which you are applying:** _____

Date: _____

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CHILDREN FOR WHOM FINANCIAL ASSISTANCE IS REQUESTED

Child's Name _____	Date of Birth _____
Early Learning	
<input type="checkbox"/> Wonders Early Learning at Edgemoor <input type="checkbox"/> Wonders Early Learning at Leland	
Classroom: <input type="checkbox"/> Guppies <input type="checkbox"/> Minnows <input type="checkbox"/> Sea Turtles Classroom: <input type="checkbox"/> Ladybugs <input type="checkbox"/> Bumblebees <input type="checkbox"/> Butterflies	
<input type="checkbox"/> Starfish <input type="checkbox"/> Rainbow Fish <input type="checkbox"/> Angelfish <input type="checkbox"/> Seahorses <input type="checkbox"/> Dolphins Days <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <i>For ECE Core Day Programs (Edgemoor Dolphins, Leland Bumblebee, Ladybug and Butterfly Classrooms) select Before and After Care</i>	
<i>Options</i>	
Before Care <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri After Care <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	
School Age	
<input type="checkbox"/> Wonders at Bethesda Extended Day <input type="checkbox"/> Wonders at Chevy Chase Extended Day <input type="checkbox"/> Wonders at Horace Mann Extended Day <input type="checkbox"/> Wonders at JAS Extended Day <input type="checkbox"/> Wonders at Little Falls Extended Day <input type="checkbox"/> Wonders at Somerset Extended Day <input type="checkbox"/> Wonders at Concord Hill Extended Day Before Care <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri After Care <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	

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Early Learning	
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Classroom: <input type="checkbox"/> Guppies <input type="checkbox"/> Minnows <input type="checkbox"/> Sea Turtles Classroom: <input type="checkbox"/> Ladybugs <input type="checkbox"/> Bumblebees <input type="checkbox"/> Butterflies	
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Extended Day	
<input type="checkbox"/> Wonders at Bethesda Extended Day <input type="checkbox"/> Wonders at Chevy Chase Extended Day <input type="checkbox"/> Wonders at Horace Mann Extended Day <input type="checkbox"/> Wonders at JAS Extended Day <input type="checkbox"/> Wonders at Little Falls Extended Day <input type="checkbox"/> Wonders at Somerset Extended Day <input type="checkbox"/> Wonders at Concord Hill Extended Day Before Care <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri After Care <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	

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PARENT/GUARDIAN INFORMATION

Name _____ Relationship to child _____ Address _____ Marital status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> domestic partner Email _____ Cell phone _____ Work phone _____ Home phone _____ Employer _____ Job Title _____ Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Relationship to child _____ Address _____ Marital status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> domestic partner Email _____ Cell phone _____ Work phone _____ Home phone _____ Employer _____ Job Title _____ Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> Yes
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HOUSEHOLD INFORMATION

Child Lives with: Father Mother Stepfather Stepmother Guardian: _____

Other Dependents

Age: _____ Relationship to you: _____

Age: _____ Relationship to you: _____

Age: _____ Relationship to you: _____

Other Adult Members of Your Household

Age: _____ Relationship to you _____ Monthly contribution to Household \$ _____

Age: _____ Relationship to you _____ Monthly contribution to Household \$ _____

Age: _____ Relationship to you _____ Monthly contribution to Household \$ _____



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FINANCIAL INFORMATION

	Parent/Guardian 1:	Parent/Guardian 2:
Gross ANNUAL Earnings	\$	\$
Please itemize total MONTHLY INCOME from the following sources		
Salary	\$	\$
Unemployment	\$ (exp. Date _____)	\$ (exp. Date _____)
Food Stamps	\$	\$
Welfare	\$	\$
Child Care Subsidy Voucher	\$	\$
Aid to Dependent Children	\$	\$
Alimony	\$	\$
Child Support	\$	\$
Social Security or SSI	\$	\$
Pension	\$	\$
Trusts	\$	\$
Investments	\$	\$
Other:	\$	\$
TOTAL MONTHLY INCOME	\$	\$
MONTHLY EXPENSES		
		(complete if different from Parent/Guardian 1)
Mortgage or Rent	\$	\$
Second Mortgage	\$	\$
Credit Card Payments (total all)	\$	\$
Car Payment	\$	\$
Student Loan	\$	\$
Other Loans	\$	\$
Child Care Expenses other than Wonders	\$	\$
Other Expenses:		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL MONTHLY EXPENSES	\$	\$

How much do you believe you can afford for Wonders Early Learning + Extended Day tuition?
 \$ _____ per month



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DOCUMENTATION CHECK LIST

Please include photo copies of all the following documents, as applicable

- Cover Letter. Please describe any other circumstances you want the Financial Assistance Committee to be aware of, such as irregular income or unusual expenses.
- Most recent Tax Return
- Most recent W2 form
- Current bank statements, which include deposits and withdrawals
- Unemployment statement, if applicable
- Mortgage and second mortgage bill (if applicable) **OR** Rent statement
- Car payment bill
- Student loan statement
- Any other loan statements
- Parent tuition bill
- Child Care bills for children **not** in Wonders (current year ___ upcoming year ___)
- 2 months of all current credit card bills
- 2 current pay stubs for each working adult in the household
- Custody and financial settlement agreement
- Any other claimed expenses (please specify)

NOTE: Tuition for enrolled children must be paid in full while application is under review. Applicants with past due accounts will not be considered for financial assistance. If Financial Assistance is awarded and accepted, regular tuition payments are due according to the guidelines in the Wonders Enrollment Agreement. Failure to make regular payments will result in loss of Financial Assistance.

DISCLOSURE

I/we have read and understand this Financial Assistance Application. The information and documentation is complete and accurate. We further authorize the Wonders Financial Assistance Committee to make inquiries of, and obtain copies of, any documents or other materials relevant to our financial circumstances, any employers, financial institutions with which we do business, and other appropriate sources. We understand that Wonders will treat these materials on a confidential basis.

Parent /Guardian #1 signature & date

Parent/Guardian #2 signature & date

FOR FINANCIAL ASSISTANCE COMMITTEE USE ONLY

Application received _____ Committee Review ___/___/___ by _____

Deposit amount \$ _____

Wonders Monthly Tuition \$ _____ Monthly Reduction \$ _____ (_____ %)

Begins ___/___/___ Ends ___/___/___

Family Co-pay (Adjusted Monthly Tuition) \$ _____